

UNDERGRADUATE PRACTICUM/INDEPENDENT STUDY CONTRACT

- To register for PET4905c or PET4948C this completed contract must be on file with the department prior to the first day of classes.
- Registration without an approved contract will be administratively canceled.
- REGISTRATION WILL NOT BE PERMITTED WITHOUT SIGNED APPROVAL FROM AN APK FACULTY MEMBER.
- Students may substitute an approved course for practicum, if they prefer (Please see APK Academic Advisors, room 100 FLG).

Approved practicum sites are: ___ APK Research Labs ___ Oak Hammock Fitness Center
___ UF Dept of Aging and Geriatric Research ___ UF Health Fitness and Wellness Center

Name: ___ UFID: ___ Date: ___
Major/Specialization: ___ Faculty Supervisor: ___
UF E-Mail: ___ Phone: ___

I am registering for (check course):
Table with 2 columns: Course ID, Course Name
Row 1: PET 4948c, Practicum in APK*
Row 2: PET 4905c, Supervised Independent Study**

Number of credit hours for which you are registering: ___ *PET 4948C: 48 clock hours equals 1 credit hour

Term: ___ Fall ___ Spring ___ Summer ___ A ___ B ___ C (check term) Year: ___

Site Supervisor Name (printed): ___ Position Title: ___

Organization/Agency: ___

E-Mail: ___ Phone: ___

Site Supervisor/Signature: ___ Date: ___

**PET 4905C: The title of the project or study to appear on my transcript is
(Abbreviate up to 20 spaces ONLY, with spaces between words and no punctuation):

SECTION 1: ADDITIONAL DOCUMENT(S) REQUESTED BY SITE SUPERVISOR: indicate any additional required documents
students must submit prior to beginning the practicum experience, (ex: Professional Liability Insurance, Bloodborne Pathogens, HIPAA, and/or
CPR)

SECTION 2: TO BE COMPLETED BY STUDENT:

I have read, understand, and agree to abide by the terms of this contract form. Further, I understand that the University Florida, College of
Health and Human Performance is not responsible for any liability expenses incurred during my field experience and/or practicum hours I have
been advised by the University of Florida College of Health and Human Performance to obtain Professional Liability Insurance.
I understand that it is my responsibility to register for this course.

Student's Signature: ___ Date: ___

SECTION 3: TO BE COMPLETED BY FACULTY SUPERVISOR:

I agree to directly supervise this student's Practicum/Independent Study hours. I take responsibility for ensuring this student's work is
appropriate to his/her specialization and I will provide a grade for the student at the end of the term.

APK Faculty Supervisor's Signature: ___ Date: ___

APK Office Use Only: Received: ___ Class Number: ___ Section Number: ___

Permission To Register: ___ Email sent to student: ___ Registered - per student's request: ___